

Cover All Children – Why?

Washington State Planning Grant on Access to Health Insurance

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The imperative to “provide health insurance coverage to all children” rolls off the tongue so easily as to seem a no-brainer. But is it? Aren’t most kids healthy -- implying that insurance coverage is, at best, unnecessary for the majority and, at worst, an avoidable expense? And when they get sick, need basic immunizations, or suffer traumatic incidents, don’t uninsured children get needed care through resources such as emergency departments and community clinics?

The Bias:

Many things we need can wait. The child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today. (*Children’s Health, The Nation’s Wealth: Assessing and Improving Child Health*, Institute of Medicine, 2004)

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1889 -1957**

So why the push to expand children’s coverage (especially for lower income children)? Can we say beyond reasonable doubt that coverage leads to better outcomes and healthier kids? To be honest, the pathway is a bit indirect and heavily based on a chain of logic: **Coverage leading to better access, access leading to increased and more appropriate use of services, more appropriate use leading to better outcomes, and finally, better outcomes leading to healthier kids growing into healthier, more productive adults.** The following quotes from *Health Insurance is a Family Matter* serve to illustrate this chain.

- “Uninsured children have less access to health care, are less likely to have a regular source of primary care, and use medical and dental care less often compared to children who have insurance. Children with gaps in health insurance coverage have worse access than do those with continuous coverage.” (page 111)
- “Previously uninsured children experience significant increases in both access to and more appropriate use of health care services following their enrollment in public health insurance programs.” (page 113)
- “Uninsured children often receive care late in the development of a health problem or do not receive any care. As a result, they are at higher risk for hospitalization for conditions amenable to timely outpatient care and for missed diagnoses of serious and even life-threatening conditions.” (page 122)
- “Undiagnosed and untreated conditions that are amenable to control, cure, or prevention can affect children’s functioning and opportunities over the course of their lives. Such conditions include iron deficiency anemia, otitis media, asthma, and attention deficit-hyperactivity disorder.” (page 124)

The Limitations of Coverage: Notwithstanding the above, it would be a disservice not to acknowledge the other side of the coin, that is, the limitations of insurance coverage for children. It would be silly to argue that coverage is equivalent to access; coverage is simply the financial vehicle that paves the way for the chain of access, use, and outcomes to more readily occur. Further, it goes without saying that children’s health is impacted by many factors not directly influenced by health care. And finally, we are still learning how to make the

improving the quality of children's care (as we are for adults as well).

For those who want to do their own reading and draw their own conclusions, below is a **select list of resources** regarding the links between coverage, access, use, and outcomes. The sources were selected because they provide overviews or syntheses of the relevant literature.

Case, Anne, A. Fertig, and C. Paxson. April 2004. *The Lasting Impact of Childhood Health and Circumstance*. Princeton, NJ: Princeton University, Center for Health and Wellbeing.

Child Health Business Case Working Group. 2004. "Exploring the Business Case for Improving the Quality of Health Care for Children." *Health Affairs* 23 (4): 159-166.

Institute of Medicine (IOM). 2002. *Health Insurance is a Family Matter*. Washington, DC: National Academy Press.

Institute of Medicine (IOM). 2004. *Children's Health, The Nations Wealth: Assessing and Improving Child Health*. Washington, DC: National Academy Press.

The Future of Children. 2003, Volume 13 (1). *Health Insurance for Children*. Los Altos, CA: The David and Lucile Packard Foundation.

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MAKING HEALTH CARE WORK FOR EVERYONE

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For further information on Washington's uninsured population:

- See: <http://www.ofm.wa.gov/accesshealth/accesshealth.htm> or
- Contact the State Planning Grant team
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